



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1459  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 7994

Bib Data Sheet

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/734,099   | <b>FILING OR 371(c) DATE</b><br>12/11/2003<br><b>RULE</b>   | <b>CLASS</b><br>438           | <b>GROUP ART UNIT</b><br>2818   | <b>ATTORNEY DOCKET NO.</b><br>384938073US |                                |
| <b>APPLICANTS</b><br>Chih-Huei Wu, Sunnyvale, CA;<br>Xinping He, San Jose, CA;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b>  |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/19/2004</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>5                  | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>62294  |   |                               |   |   |                                |
| <b>TITLE</b><br>SACRIFICIAL PROTECTIVE LAYER FOR IMAGE SENSORS AND METHOD OF USING   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |